



THE CITY OF SAN DIEGO

Disability Services Program

Access Complaint Form for Persons with Disabilities

Instructions

This form is to be used only for complaints about access to City of San Diego buildings, programs, services or communication. Complaints pertaining to buildings and programs not operated by the City of San Diego should be directed to the City's Neighborhood Code Compliance Department, 1200 Third Ave., Eighth Floor, MS-51N, San Diego, CA 92101.

Complete the information below with or without the assistance of City staff. After completing this form, please direct it to City staff at the facility or program, or mail it to the City's Disability Services Program Coordinator, 1200 Third Ave., Suite 924, MS-51F, San Diego, CA 92101.

Date of Incident: _____

Nature of complaint (attach additional page if necessary): _____

Program/Activity (if applicable): _____

Building/Facility (if applicable): _____

Address/Location: _____

Your Name (optional): _____

Address: _____

Phone No.: _____ Fax No.: _____ Today's Date: _____

Would you like to be contact regarding the resolution of this matter? Yes _____ No _____

This information is available in alternative formats upon request.

FOR CITY USE ONLY:

City Staff:

- A. Try to resolve at the departmental level after consultation with departmental ADA liaison or in accordance with department procedures;
- B. Staff receiving complaint should complete bottom half of form. Please include those who assisted in the resolution of this matter and forward to your ADA liaison for signature within five (5) working days of receiving the complaint;
- C. Copies of all complaint forms should be sent by the ADA liaison to the Disability Services coordinator, whether or not the issue has been fully resolved, within ten (10) working days of forms receipt;
- D. Disability Services coordinator will issue a file number, assist with resolution, if necessary, and maintain records of all complaints filed.

Department:_____ Mail Station:_____

Complaint Received By:_____ Phone No.:_____

Department Action Taken:_____

_____ Date:_____

Referred for Resolution To:_____

_____ Date:_____

Final Resolution:_____

_____ Date:_____

Complainant Notified by Phone _____ Letter _____ Person _____

Date:_____ By Whom:_____

ADA Liaison Signature:_____

Phone No.:_____ Fax No.:_____ Date:_____